

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FLD		ADJUTANT ASSIGNMENT		ADJUTANT ASSIGNMENT	
	DID	DEP	DID	DEP	DID	DEP
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TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					

	DID	DEP	DID	DEP	DID	DEP
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